

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PFD-978)**

SERIAL NO. **10-030,140**
APPLICANT'S NAME

AS FILED		AFTER REASSIGNMENT		AFTER REASSIGNMENT		CLASSE	
NO.	EXP.	NO.	EXP.	NO.	EXP.	NO.	EXP.
1						51	
2						52	
3						53	
4	12					54	
5	10					55	
6	10					56	
7	10					57	
8	10					58	
9	10					59	
10	10					60	
11	10					61	
12	10					62	
13	10					63	
14	10					64	
15	10					65	
16	10					66	
17	10					67	
18	10					68	
19	10					69	
20	10					70	
21	10					71	
22						72	
23						73	
24						74	
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26						76	
27						77	
28						78	
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36						86	
37						87	
38						88	
39						89	
40						90	
41						91	
42						92	
43						93	
44						94	
45						95	
46						96	
47						97	
48						98	
49						99	
50						100	
TOTAL NO.	1			2		TOTAL NO.	
TOTAL EXP.	20	20	27			TOTAL EXP.	
TOTAL FEE	21	21	28			TOTAL FEE	

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